

**Please print two copies of the application form
for submission and review by County Staff**



Loudoun County
Department of Building & Development
1 Harrison Street S.E., P.O. Box 7000, Leesburg, VA 20177-7000
(703) 777-0220 www.loudoun.gov/buildingpermits

Building/Zoning Permit Application

Applicant certifies by signature that he/she has the authority to make application, that it is correct, and that any construction use will conform to the regulations of Building Code, Zoning Ordinance, and other codes of Loudoun County and the Commonwealth of Virginia

SIGNATURE REQUIRED FOR PROCESSING (PROPERTY OWNER MUST SIGN ALL PERMITS REQUIRING ZONING)

I Am Applying For (Check one or both)

Building Permit Zoning Permit

Property Owner's Signature _____

Date _____

Contact Person's Name (Person To Be Called When Ready Or For Questions) _____ Phone Number _____ Email Address _____

OWNER OR TENANT INFORMATION

* Health Clearance May be Required Prior to Issuance of a Building/Zoning Permit* www.loudoun.gov/health

Print Name (Last Name First) Or Company Name _____ Phone Number _____

Sewer Type Public Private *

Address _____ City _____ State _____ Zip Code _____

Water Type Public Private *

CONTRACTOR INFORMATION

Grading Clearance and/or a Grading Permit May be Required Prior to Issuance of a Building/Zoning Permit

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Virginia State License Number _____ Expiration Date _____ License Type A B C

MECHANICS LIEN AGENT INFORMATION

Lien Agent Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

PROPERTY INFORMATION / CONSTRUCTION COST

Address _____ City _____ Suite/Unit # _____ State **VA** Zip Code _____

Purpose Of Permit _____ Acreage Or Parcel Sq. Ft. _____

Subdivision Name _____ Landbay _____ Section _____ Lot # _____ Site Plan # (Commercial) _____

Construction Cost

Tax Map Number _____ MCPI (Pin) Number _____

Office Space Sq. Ft.	Warehouse Space Sq. Ft.	# Of Existing Structures	Proposed Structure(s) Ground Level Sq. Ft.	Height	Proposed Structure(s) Other Levels Sq. Ft.	Total Sq. Ft. of Disturbed Land Area

TYPE OF CONSTRUCTION INFORMATION (PLEASE SELECT ONE)

New Alterations Carnival Pool Wood Stove Demolition
 Addition Repair Chimney Other Describe Other: _____

OCCUPANCY TYPE INFORMATION (PLEASE SELECT ONE)

Single Family Business Service Station Institutional/Hospital Agricultural School
 Townhouse Store Public Utility Amusement/Recreation Sales Trailer Hotel
 Multi Family Religious Professional/Office Other ** ** Describe Other: _____

NEW HOUSE CONSTRUCTION TYPE

Basement (Check One) Unfinished Finished Slab On Grade Crawl Space House Type _____

Condo Type (Check One) Attached Stacked

Please Give the Total Number of the Following (Garage Spaces, Bedrooms, Half & Full Baths):

Garage (Check One) Attached Detached Garage Spaces _____ Bedrooms _____ Half Baths _____ Full Baths _____

House Options: _____

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Building/Zoning Permit Application

Permit # _____

THIS SIDE OF THE APPLICATION IS FOR STAFF USE ONLY

Contact Person's Name (Person To Be Called When Ready Or For Questions) _____ Phone Number _____ Email Address _____

Address (Job Location Address) _____ City _____ Suite/Unit # _____ State VA Zip Code _____

BUILDING PERMIT INFORMATION **OTHER PERMITS REQUIRED (Y / N)**

<input type="checkbox"/> Yes <input type="checkbox"/> No Plans Review Required	<input type="checkbox"/> Yes <input type="checkbox"/> No Electrical
_____ Living Area, Total Square Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing
_____ Attached Garage, Total Square Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No Mechanical
_____ Detached Garage, Total Square Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy
_____ Finished Basement, Total Square Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No Gas
_____ Unfinished Basement, Total Square Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire
_____ Miscellaneous Unfinished Square Feet	
_____ Deck, Square Feet	_____ USE GROUP CODE
_____ Occupancy Load	_____ APPROVED
_____ Square Feet Sprinkler	_____ CONSTRUCTION TYPE
	_____ DATE CHECKED

ZONING PERMIT INFORMATION

<input type="checkbox"/> 1972 ORDINANCE	<input type="checkbox"/> 1993 ORDINANCE	<input type="checkbox"/> 1993 REVISED ORDINANCE
<input type="checkbox"/> Yes <input type="checkbox"/> NO TEMPORARY ZONING PERMIT FORM	SETBACK INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> NO MOUNTAINSIDE CLEARANCE	_____ ZONING DISTRICT	
<input type="checkbox"/> Yes <input type="checkbox"/> NO STEEP SLOPES	_____ FRONT SETBACK	_____ REAR SETBACK
<input type="checkbox"/> Yes <input type="checkbox"/> NO FLOOD CLEARANCE	_____ SIDE #1 SETBACK	_____ SIDE #2 SETBACK
<input type="checkbox"/> Yes <input type="checkbox"/> NO CERTIFICATE OF APPROPRIATENESS	_____ DATE ZONING APPROVED	_____ DATE ZONING DENIED
<input type="checkbox"/> Yes <input type="checkbox"/> NO SKETCH PLAN OR PLAT		
<input type="checkbox"/> Yes <input type="checkbox"/> NO SPECIFIC USE FORM (SPECIFY BELOW):		

RELEVANT LDA APPLICATION(S) _____ SIGNATURE OF ZONING ADMINISTRATOR OR DESIGNEE _____

PROFFER CASH PAYMENT DUE? _____ COMMENTS: _____

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